

**PHASE 2 SOIL FUMIGATION MANAGEMENT PLAN
(DAZOMET PRODUCTS)**

FMP Elements:

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Attachments:

Check the boxes if the information below is attached as a separate document to the FMP.

- Site Map, aerial photo or detailed sketch
- Description of evacuation routes (this can be included in the site map)
- Written agreement, if the buffer zone extends onto land not under the control of the owner of the application block
- Handler Information (Use EPA's Microsoft Word or PDF template)
- GAPs
- Other:

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The below text fields will expand as the text is entered. After completing each field, use *Tab key* to go to next text field or check box.

| I. Certified Applicator Supervising the Application | | | |
|---|-------------------|------------------------------------|---|
| Name: | Phone number: | License and/or certificate number: | <input type="checkbox"/> Commercial applicator <input type="checkbox"/> Private applicator |
| Employer name: | Employer address: | | |
| Date and location of completing EPA approved certified applicator training program: | | | |
| II. General Site Information | | | |
| Application block location (e.g., county, township-range-section quadrant), address, or global positioning system (GPS) coordinates: | | | |
| <input type="checkbox"/> Site map, aerial photo attached to the FMP or detailed sketch provided below that shows (application block location, application block dimensions, buffer zone dimensions, property lines, roadways, rights-of-ways, sidewalks, permanent walking paths, bus stops, nearby application blocks, surrounding structures (occupied and non-occupied), locations of Buffer Zone signs, and locations of difficult to evacuate sites within ¼ mile of the application block if the buffer zone is greater than 300 feet, or 1/8 mile if the buffer zone is 300 feet or less). | | | |
| Comments: | | | |
| III. Application Block Owner Information | | | |
| Name: | Address: | Phone number: | |

IV. Recordkeeping

The owner of the application block has been informed that he/she as well as the certified applicator must keep a signed copy of the site-specific FMP and the post-application summary for 2 years from the date of application.

V. General Application Information

Target application date/window:

EPA Registration Number:

Fumigant Product Name:

VI. Buffer Zones

Application method:

- Mechanically incorporated
 Water Incorporated (Surface)
 Greenhouse
 Mechanically incorporated – golf course fairways

Application Rate from the buffer zone table on the label, (if the rate used is not in the buffer zone table, round up to the next value):

Application Block Size from the buffer zone table on the label, (if the block size is not in the buffer zone table, round up to the next value):

Credits applied and measurements taken (if applicable):

Organic matter content: _____ (measurement), _____%

Clay content: _____(measurement), _____%

Soil temperature: _____(measurement), _____%

Total credits: _____%

Buffer zone distance:

Are there areas in the buffer zone that are not under the control of the owner of the application block? Yes No

If yes, describe the areas and attach the written agreement to the FMP.

VII. Emergency Response Plan

Description of evacuation routes (a diagram or drawing may be attached to the FMP):

Check here if diagram or drawing is attached or if the evacuation routes are included in the site map

Locations of telephones:

Contact information for first responders:

Local/state/federal contacts:

Emergency procedures/responsibilities in case of an incident, sensory irritation is experienced outside of the buffer zone and/or there are equipment/tarp/seal failure, complaints or other emergencies:

VIII. Communication Between Applicator, Owner, and Other On-site Handlers

Pesticide product labels and material safety data sheets are at the application block and available for employees to review.

Will the certified applicator be at the application site during all handler activities that take place after the application is complete until the entry restricted period expires? Yes No

If no, describe how the certified applicator will share the label requirements with the owner and/or handlers who will be present at the application block after the application is complete until the entry restricted period expires. Include the name and phone number of persons contacted as well as the date they were contacted.

IX. Handler Information (use EPA's Microsoft Word or PDF version of the handler information template)

Information for all handlers is attached to the FMP

At minimum 1 handler has the proper respirators and cartridges/canisters

Appropriate respirators and cartridges/canisters are available for each handler that will wear one

Comments/notes:

X. Tarp Plan (check here if section is not applicable)

Schedule for checking tarps for damage, tears, and other problems:

Minimum size of damage that will be repaired:

XIII. Emergency Preparedness and Response Measures (check here if section is not applicable)

If Emergency Preparedness and Response Measures are triggered, check the option below that will be used:

Fumigant site monitoring or Response information for neighbors

Fumigant site monitoring (if applicable)

List when and where it will be conducted:

Response information for neighbors (if applicable)

List residences and businesses informed:

Name and phone number of person providing the information:

List the method of providing the information:

XIV. State and/or Tribal Lead Agency Advance Notification (check here if section is not applicable)

Date notified:

Person notified:

XV. Air Monitoring Plan

If monitoring indicates air concentrations greater than or equal to 600 ppb (0.6 ppm) for dazomet, handlers must stop work and leave the application block.

If sensory irritation is experienced check which of the following be procedures will be followed:

Intend to cease operations or Intend to continue operations with respiratory protection

Handler Tasks to be Monitored

Monitoring Equipment

Timing

XVI. Good Agricultural Practices (GAPs)

Check here if applicable mandatory GAPs are attached to the FMP (this could be a copy of the label highlighting the applicable GAPs). If this box is not checked, the checklist below must be completed.

Weather Conditions

- Application Restrictions
- Water Requirements

Description of other product specific GAPs from label that will be followed:

Before beginning the fumigation, I have verified that this site-specific FMP reflects current site conditions and product label directions.

Signature of certified applicator supervising the application

Date

Handler Information

| Handler Name, Address, and Phone Number | Employer Name, Address, and Phone Number | Tasks Handlers are Trained and Authorized to Perform* (check number(s) from below) | PPE (check all that apply) | Respirator Information (leave blank if "no respirator" is checked under PPE) |
|---|--|--|--|---|
| | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 | <input type="checkbox"/> Long-sleeved shirt/long-pants, shoes, socks <input type="checkbox"/> Chemical-resistant apron <input type="checkbox"/> Chemical-resistant footwear and socks <input type="checkbox"/> Protective eyewear (NOT goggles) <input type="checkbox"/> Chemical-resistant gloves <input type="checkbox"/> Air-purifying respirator <input type="checkbox"/> Other: <input type="checkbox"/> No respirator PPE training date: | Make: Model: Type: Style: Size: Cartridge type: Fit test date: Training date: Medical date: |
| <input type="checkbox"/> The above handler has received Fumigant Safe Handling information within the past 12 months. | | | | |
| *1. Loaders, drivers, tractor co-pilots, shovelers, cross-ditchers, or other direct application participants 2. Cleaning up fumigant spills (does not include emergency personnel not associated with the application) 3. Tasks with liquid contact potential 4. Installing, perforating or removing tarps 5. Repairing or monitoring tarps until 14 days after the application is complete if tarps are not perforated and removed during those 14 days. 6. Monitoring fumigant air concentrations 7. Handling or disposing of fumigant containers 8. Cleaning, handling, adjusting, or repairing equipment that may contain fumigant residues 9. Installing, repairing, operating, or removing irrigation equipment in the application block or buffer zone 10. Performing scouting, crop advising, or monitoring tasks in the application block or buffer zone 11. Performing other WPS handling tasks | | | | |
| Comments/notes: | | | | |